Ι,,	make the following sta	tement freely and voluntarily to
, w	ho has identified himse	elf/herself to ma as an Investigating
Officer of the U.S. Coast Guard, knowing that	this statement may be	used as evidence.
Full Name: STEVEN F BODIL	<u>€</u> D.O.B:	
Job Title: CAPTAIN	SSN:	cusacos
License No:	Issue date:	Issued by:
MMD (z-card) No:	Exp date:	Issued by:
Home Address:		
Home Telephone.	6011 101	(10 (000
Vessel Name and Official Number:	1960 - 1986 - Maria Mari	the state of the s
Person in Charge of Vessel: STEVEN		
Company Name: MASS. BAY L	NES	
Company Address: 60 Rowes	wharf, Bos	OILSO AM NOT
Company Telephone and Fax No.: JAY	SPENCE	
Date and Time of Incident:		
Incident Location:		
Date, Time & Location Statement Provided:		
Detailed statement regarding incident including place:	ng who was involved, w	hat, when where and why events took
20 years w/ msl.	·	
MASTER OF MASS. SINCE	1988	
3 cannon Russ in		
Harson Tour		
	ur. Went to	charles rown - to meet mech
From STEWES Shop. Repla		
Frished MOUT 1530. CA		high FDIE Champs INT
Signature of Statement Provider Provider	age One of	Signature of Investigating Officer

ontinuation of statement from page one:	
MADE Roms of Engrown at Beggy of commune RUN,	
TO Bless the A/C. Nothing our of the WAINARY, STED	
OUT BOARD ENG HAS Blowdy. Eng has High drowns plans	5
TO Replace it pensing. BALL TO PILOT house - 5 mon 1.	ATE
Reas Eng Alarm Port I.S. High TEMP, Low gen or	L
Press. Pulled it BAUL to IDLE . TOLD WES (ON Wheel	4)
to SWUT IT DUN, WENT Below to check. SAU SMO,	Le
called BRIAGE TOO TELL WESS - he SAID The PORT OF	5.
HAD Shor DOWN. STILL Minking it was STOIS OB.	
Smoky - ordered it shot bown - Smill Smoky. Sporter	٥
to nivira passangers. Went back to Pilot horse to	Ces
wes they were gong to suchar - Prior to called Lave	A
to get People al. Densel 10 leave engrown closes	
up vora fine fightness mounds.	
tug Nown vents not closes Because ACTUATIONS ME INS.	NE
e coop record per citation	
I have read the foregoing statement consisting of pages, and I do hereby swear/affirm that the preceding is a true and correct statement concerning the incident in question. I have signed each page and have been given an opportunity to make any corrections or additions.	
Dated: Signature of Statement Provider:	
Signature of Investigating Officer: Signature of Witness	

Page 2 of 7

I,	, make the following statement freely and voluntarity to	
	, who has identified himself/herself to ma as an Investigating	
Officer of the U.S. Coast Guard, l	knowing that this statement may be used as evidence.	
Full Name: WESLEY W	DO.B:	
Job Title: MATE		
License No:	Issue date: 14 man 06 Issued by: Bosron	
MMD (z-card) No:	Exp date: Issued by:	
Home Address:		
Home Telephone:		
Vessel Name and Official Number	and superior and the superior of the superior	14 18 1 T
Person in Charge of Vessel:	STEVE	
Company Name:		 -
Company Address:		
*	•	
Date and Time of Incident:		
Incident Location:		
Date, Time & Location Statement	Provided:	
Detailed statement regarding inci- place:	dent including who was involved, what, when where and why events took	. .
with m.BL q	YEARS	
Him to Boston 1	ST RUN GOT OFF - BACK ON @ 1545 FIR	ST
Run of Two co	monuten loss tonight.	
	Drung South Bound - Commy up to BRIDGE	
	N PORT I'B ENG DECLUTCHED + ShUT DOWN	
	, to check-while he was gove fort	
RPMS DROPPED	TOOK IT OUT OF GEAR.	
Signature of Statement Provider	Page One of Signature of Investigating Officer	

Continuation of statement from page one: STOD, PAST Problem with their ENG Shur IT DOWN. STOVE TOOK HELM SECURED Plu Shur offs. "LAURA" CONTACTED FENDERS WITH PETER. STOB ENGINE HAD MORMAL. - RUNNIN WARMAL ZOOORF. schebble. I have read the foregoing statement consisting of ______ pages, and I do hereby swear/affirm that the preceding is a true and correct statement concerning the incident in question. I have signed each page and have been given an opportunity to make any corrections or additions. Dated: _____ Signature of Statement Provider: _____

Page 2 of 2

Signature of Investigating Officer: ______ Signature of Witness_____

I,, make	the following statement freely and voluntarily to
, who has	identified himself/herself to ma as an Investigating
Officer of the U.S. Coast Guard, knowing that this se	atement may be used as evidence.
Full Name: DeLia A TEAHAN	D.O.B:
Job Title: RAR TEMBER	SSN:
License No: Issue of	late: Issued by:
MMD (z-card) No:Exp d	ate: Issued by:
Home Address:	
Home Telephone:	
Vessel Name and Official Number:	actuse tes
Person in Charge of Vessel:	
Company Name: MASS BAY LINES	The state of the s
Company Address: 60 Rowes Wh	RF, BOSTON MA 07-110
Company Telephone and Fax No.: Try Sper	NCE J
Date and Time of Incident:	
Incident Location:	
Date, Time & Location Statement Provided: 12	
Detailed statement regarding incident including who place:	was involved, what, when where and why events took
STARTUS MATY 22-2006	
ON MASS SINCE THAT DAY	MON-WED- FRI.
TRAINING PROVIDED -	
0650 RUN - 2 more 40 m	IN RUBIS - 2-45 mm HARSER TOUR
-LAST RUNG BACK TO HINGHA	tm - commuter.
1300 STUPPED IN Charleston	UN TO have "AN" ENG LOOKES.
	1
Signature of Statement Provider Page On	e of Signature of Investigating Officer

Continuation of statement from page one:

BELOW.		_								<u> </u>
SAW	BLAC	K R.	epor	ED !	ro	WE.	s – 5)	PEVE	WENT	Bole
CAME	BACK	UP Q	VICK	Ly.						
PASSEL		•			EVA	CUNT	20.			
No PRIO	•									····
NO ASS					7					•
NO 7183	gres		1						•	
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		·		<u>.</u> .						
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		· .								
		•		•						
		-								
						•				
							ŏ			
have read the for a true and corre pportunity to ma	ect statemer	it concerning t	ing of _ he incide		nages	and I d	o hereby	swear/afi	firm that the paid have been	preceding
Dated:		Signature of St	atement	Provider:						

Page 2 of 2

, make the following statement freely and voluntarily to
, who has identified himself/herself to ma as an Investigating
Officer of the U. S. Coast Guard, knowing that this statement may be used as evidence.
Full Name: PETER NOONAN D.O.B:
Job Title: Deck hand SSN:
License No: Issue date: Issued by:
MMD (z-card) No: Exp date: Issued by:
Home Address:
Home Telephone:
Vessel Name and Official Number:
Person in Charge of Vessel:
Company Name:
Company Address:
Company Telephone and Fax No.:
Date and Time of Incident:
Incident Location:
Date, Time & Location Statement Provided:
Detailed statement regarding incident including who was involved, what, when where and why events took place:
Enouths w/ MRL
WORKER ON JUST ME MASS.
ON FOR All RUGHS TUDAY - ON BOALD A SIX AM
Z times in Eng Room TUBAY - 1 ST RUN + AFTER The SECONS
AT YE BRIDGE (L.I.) STEVE SAW SMOKE, TOLO PETER TO ASS
PASSAGERS. 145500 OUT PFD'S EAVAC PASSENGERS TO LAURA
NO ASANGEN Ship PROCEOUNES TRAININGON BOARD
Signature of Statement Provider Page One of Signature of Investigating Officer